## Tobacco PIC

#### Counterplan: Public colleges and universities in the United States ought not restrict constitutionally protected speech, except for prohibiting the tobacco industry from sponsoring social events held by any organization that receives university funding.

Rigotti et al 05 Nancy A. Rigotti, MD, Susan E. Moran, MD, MSCE, and Henry Wechsler, PhD “US College Students’ Exposure to Tobacco Promotions: Prevalence and Association With Tobacco Use” American Journal of Public Health 2005 January; 95(1): 138–144 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449866/

Our findings have implications for universities, states, and communities. Colleges and universities should be alert to tobacco industry sponsorship of events on their campuses. As the American College Health Association and American Cancer Society recommend, colleges should ban the free distribution of tobacco products on campus, including distribution to fraternities and sororities, and prohibit tobacco industry sponsorship of social events held by any organization that receives college funds.10,24 States and communities already have a good reason for adopting smoking bans in bars and nightclubs: eliminating exposure to secondhand smoke.25,26 Our findings provide an additional rationale for adopting these policies: tobacco promotions are likely to be less successful in a smoke-free bar or nightclub, because smoking would not be modeled as an integral part of this social activity. Decoupling smoking and drinking will likely be an effective way to counteract the tobacco industry’s marketing strategies.

#### [Against Newspapers Plan] Counterplan: Public colleges and universities in the United States ought not restrict constitutionally protected speech in college newspapers, except for prohibiting the tobacco industry from advertising in college newspapers. The American College Health Association and American Cancer Society are solvency advocates. Rigotti et al., 03,

Rigotti NA, Regan S, Moran SE, et al Students’ opinion of tobacco control policies recommended for US colleges: a national survey Tobacco Control 2003;12:251-256.

Tobacco use among young adults aged 18–24 years is a growing public health concern.1 In 1997, 31% of young adults attended a college or university, making these institutions important channels for influencing young adult behaviour.2 The prevalence of cigarette smoking among US college students rose 28% between 1993 and 1999.3,4 The reason for this increase is unclear, but elements in the college environment may encourage tobacco use. In 1999, only 27% of US colleges banned smoking in all buildings including student residences.5 Tobacco products were readily available on college campuses, and access to tobacco treatment services was limited.5 Furthermore, **a growing body of evidence from tobacco industry documents demonstrates that the industry markets actively on** and around **college campuses, advertising in college and alternative newspapers** and sponsoring social events on campus and at nearby bars where free cigarettes and other brand items are distributed.6–8 **Exposure to tobacco promotions** at social events **has been associated with increased tobacco use by college students.**9To discourage tobacco use among college students, a similar set of tobacco control policies for US colleges and universities was recommended by **the American College Health Association and American Cancer Society.**10,11 These organisations developed their recommendations independently, each adapting to the college environment tobacco control policies that are effective in the general population. Both groups **recommended that colleges** prohibit smoking in all campus buildings (including student residences and eating areas), **prohibit tobacco advertising on campus and in college publications,** prohibit tobacco sponsorship of campus events, prohibit the sale of tobacco on campus, and provide ready access to smoking cessation treatment. While there is limited evidence for the efficacy of these recommended policies in the college environment at present, data are beginning to appear. For example, one cross-sectional study found an association between smoke-free policies in student residences and lower smoking prevalence, especially among students who did not enter college as regular smokers.12A survey of 50 US public universities conducted in 2001 reported a low prevalence of recommended tobacco control policies, despite a recent increase in the prevalence of smoke-free policies in student residences.13 There is little other information about the prevalence of recommended tobacco control policies or about which factors facilitate and impede their adoption. Existing data indicate that college administrators do not regard tobacco use to be a high priority problem, in part because it has less immediate morbidity and mortality than other problems, such as alcohol use.5,14 Furthermore, administrators do not perceive strong student demand for strengthening tobacco control policies, and some are concerned about potential student opposition to changing campus tobacco control policies.14,15 Students’ opinion of the proposed tobacco control policies has not been measured, but it could provide valuable information with the potential to influence administrators’ policy decisions.

#### [Another newspapers solvency advocate] Tobacco advertising in publications must be prohibited. Tuckson 88,

So **what can we do to confront the reality that so many of our brothers and sisters are** tragically **dying from this silent epidemic?** In the face of the overwhelming evidence that cigarette companies target minorities, I have several suggestions. 1. **All publications should** be lobbied to **stop taking advertisements,** not just minority publications, but **all of them.** Essence, Ebony, and the otherminority magazines have a special responsibility because the consequences are so much greater for their readership. This means that when I go to a reception and network with people from private industry, it is my responsibility to get those people to bring more corporations' advertising dollars into Essence and other minority magazines. Black people use many consumer items other than alcohol and cigarettes. If I could tell the magazine editors that we have brought them $2 million from nontobacco ads, then I could ask them to cancel $2 million worth of cigarette advertising. **We have to be more vigorous about what we bring into the discussion.** 2. **Insist that editorial responsibility cannot be abrogated,** especially by minority media. It is simply a moral issue and the question must be called. We have to take every opportunity to hold these people accountable. 3. Remove billboards within 1000 feet of schools, churches, and places where children gather. We need to remove all existing billboards or ensure that at least there are as few in the minority community as in the white community. If the white community does not want billboards in their community that's fine. Let's get rid of ours and even it out. I'm all for equality.

#### It competes—advertisement of commercial products is protected by the constitution.

US Courts “What Does Free Speech Mean?” <http://www.uscourts.gov/about-federal-courts/educational-resources/about-educational-outreach/activity-resources/what-does> JW

The First Amendment states, in relevant part, that: “Congress shall make no law...abridging freedom of speech.” Freedom of speech includes the right: Not to speak (specifically, the right not to salute the flag). West Virginia Board of Education v. Barnette, 319 U.S. 624 (1943). Of students to wear black armbands to school to protest a war (“Students do not shed their constitutional rights at the schoolhouse gate.”). Tinker v. Des Moines, 393 U.S. 503 (1969). To use certain offensive words and phrases to convey political messages. Cohen v. California, 403 U.S. 15 (1971). To contribute money (under certain circumstances) to political campaigns. Buckley v. Valeo, 424 U.S. 1 (1976). To advertise commercial products and professional services (with some restrictions). Virginia Board of Pharmacy v. Virginia Consumer Council, 425 U.S. 748 (1976); Bates v. State Bar of Arizona, 433 U.S. 350 (1977). To engage in symbolic speech, (e.g., burning the flag in protest). Texas v. Johnson, 491 U.S. 397 (1989); United States v. Eichman, 496 U.S. 310 (1990).

#### Tobacco companies use social events at universities to promote smoking—causes more regular tobacco use.

Rigotti et al 05 Nancy A. Rigotti, MD, Susan E. Moran, MD, MSCE, and Henry Wechsler, PhD “US College Students’ Exposure to Tobacco Promotions: Prevalence and Association With Tobacco Use” American Journal of Public Health 2005 January; 95(1): 138–144 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449866/

Tobacco use among young adults in the United States is a growing public health concern. Cigarette smoking rates declined between 1993 and 2000 among all US adults except those aged 18 to 24 years.1 Among US college students, the prevalence of smoking rose dramatically during the 1990s before it declined slightly between 1999 and 2001.2–4 Smoking rates among young adults who do not attend college are higher than smoking rates among college students.4 Several factors account for young adults’ increased tobacco use. One factor is the aging of the cohort of adolescents whose smoking rates increased after 1991, but it does not explain all of the change.2–5 Another factor may be that young adults are initiating regular tobacco use in larger numbers.5 Young adults (aged 18–24 years) are the youngest legal targets of tobacco industry marketing. Internal tobacco industry documents show that tobacco marketing targets young adults.6–9 The industry envisions the uptake of smoking as a process that extends into young adulthood, during which time adolescents’ experimental or occasional smoking becomes solidified into a regular smoking habit.9 The tobacco industry has developed novel marketing strategies to promote this transition. A well-documented strategy is to sponsor social events at bars and nightclubs where free cigarettes and promotional items are distributed.6,7,9 Similar promotions take place at college social events sponsored by organizations such as fraternities and sororities.10 Bars and nightclubs have assumed greater importance for tobacco marketing since the 1998 Master Settlement Agreement between the tobacco industry and 46 states’ attorneys general, because the agreement limits the distribution of free cigarette samples to facilities that do not admit minors.6,9,11 Bars and nightclubs also are smoker-friendly environments for the tobacco industry, because they are among the few places where smoking is not generally restricted by clean-air laws.7 Promotional events at bars, nightclubs, and college social events aim to link alcohol with tobacco use and to make tobacco products a visible part of young adults’ social lives.6,7 The events reinforce brand visibility, allow the industry to reach specific target groups, and generate names for future marketing efforts.6,7,9 Promotions at social events have the potential to increase tobacco use by encouraging nonsmokers to try cigarettes, by encouraging experimental smokers to develop regular use, and by discouraging current smokers from quitting. There is no information about the extent of young adults’ exposure to these new tobacco promotions or about the impact of these promotions on young adults’ tobacco use. The potential impact could be substantial, because young adults are more susceptible to tobacco marketing than adults in older age groups.12 Colleges and universities provide a key channel for reaching young adults, because approximately one third of young adults attend college.13 Our study used data from a large nationally representative random sample of US college and university students to assess the prevalence of students’ exposure to tobacco promotions at bars, nightclubs, and campus social events and to explore the association between that exposure and smoking behavior. We hypothesized that students’ tobacco use before entering college might modify this association, because students who did not smoke regularly before college would be more susceptible to bar/nightclub promotions than students who entered college as regular smokers.

#### Empirics prove—college tobacco marketing increases the chance of tobacco use.

Rigotti et al 05 Nancy A. Rigotti, MD, Susan E. Moran, MD, MSCE, and Henry Wechsler, PhD “US College Students’ Exposure to Tobacco Promotions: Prevalence and Association With Tobacco Use” American Journal of Public Health 2005 January; 95(1): 138–144 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449866/

To our knowledge, this is the first study that measured young adults’ exposure to a tobacco industry marketing strategy that has assumed greater prominence since the 1998 Master Settlement Agreement. During the first 6 months of the 2000–2001 school year, 8.5% of US college students attended a tobacco industry–sponsored social event where free cigarettes were distributed. Students at all but one of the 119 colleges surveyed reported attending these events. Bars and nightclubs were the most common settings, but students also reported attending events on college campuses, a site that has received less attention and that provides direct access to students. Our study shows that there is an association between attendance at these promotional events and tobacco use. It has been hypothesized that the tobacco industry’s new promotional strategies have contributed to the observed increase in young-adult tobacco use. To date, however, the evidence is only indirect; the introduction of these strategies corresponds temporally with the increase in smoking among young adults.5–7,9 We add to the evidence by showing an association between exposure to the new tobacco promotional events and current smoking. The association remained strong after we adjusted for potential confounding factors, such as the fact that smokers drink more alcohol and are more likely to go to bars. Furthermore, the effect of tobacco promotions on smoking behavior was modified by a student’s history of tobacco use before entering college. Nearly 80% of the students had not smoked regularly before 19 years of age. Among this group, students exposed to a tobacco promotional event had higher odds of being a current smoker at the time of our study. In contrast, students who were already smoking regularly when they entered college continued to smoke at high rates, and attending a tobacco promotional event had no effect on their smoking prevalence. This finding suggests that the tobacco industry sponsorship of social events may be encouraging the initiation or the progression of smoking among young adults.

#### Tobacco use causes massive negative health effects.

Saha et al 07 Sibu P Saha, MD MBA FICA, Deepak K Bhalla, PhD, Thomas F Whayne, Jr, MD PhD FICA, and CG Gairola, PhD “Cigarette smoke and adverse health effects: An overview of research trends and future needs” Int J Angiol. 2007 Autumn; 16(3): 77–83 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2733016/> JW

As part of the Global Burden of Disease Study carried out by the Harvard University School of Public Health in 1997 (4), it was projected that mortality and morbidity from tobacco use will increase by almost threefold worldwide in 20 to 25 years. Similar predictions have been made by the Oxford University Center headed by Sir Richard Doll, who was one of the first researchers to link cigarette smoking with lung cancer in the 1950s (5,6). Cancer, cardiovascular diseases and chronic obstructive pulmonary disease continue to be the main health problems associated with cigarette smoking. An extensive database has accumulated, which has consistently documented a relationship between smoking and these specific diseases. The strength of the association is further demonstrated by measuring the RR and the presence of a dose-response relationship (ie, direct relationship between the intensity of exposure to cigarette smoke and the risk of disease). According to a 2004 Centers for Disease Control and Prevention report (3), approximately 2600 people die of cardiovascular disease in the United States every day, which translates into one death every 33 s. Furthermore, the likelihood of dying from heart disease increases fourfold as a result of smoking. The cost of heart disease and stroke in terms of health care expenses and lost productivity was estimated at US$351 billion in the United States alone in 2003. An analysis by European health experts (7) determined that in developed countries as a whole, tobacco is responsible for 24% of all male deaths and 7% of all female deaths; these figures rise to over 40% in men in some countries of central and eastern Europe and to 17% in women in the United States. The average decreased life span of smokers is approximately eight years. Among United Kingdom doctors followed for 40 years, overall death rates in middle age were approximately three times higher among physicians who smoked cigarettes than in nonsmokers. In those United Kingdom physicians who stopped smoking, even in middle age, a substantial improvement in life expectancy was noticed. These same experts found that worldwide, smoking kills three million people each year and this figure is increasing. They predict that in most countries, the worst is yet to come, because by the time the young smokers of today reach middle or old age, there will be approximately 10 million deaths per year from tobacco use. Approximately 500 million individuals alive today can expect to be killed by tobacco and 250 million of these deaths will occur in the middle age group. Tobacco is already the biggest cause of adult death in developed countries. Over the next few decades tobacco is expected to become the biggest cause of adult death in the world. For men in developed countries, the full effects of smoking can already be seen. Tobacco causes one-third of all male deaths in the middle age group (plus one-fifth in the old age group) and is the cause of approximately one-half of all male cancer deaths in the middle age group (plus one-third in the old age group). Of those who start smoking in their teenage years and continue smoking, approximately one-half will be killed by tobacco. One-half of these deaths will be in middle-aged individuals (35 to 69 years of age) and each will lose an average of 20 to 25 years of nonsmoker life expectancy. In contrast, the total mortality is decreasing rapidly and cancer mortality is decreasing slowly in nonsmokers in many countries. Throughout Europe in the 1990s, tobacco smoking caused three-quarters of a million deaths in the middle age group. In the Member States of the European Union in the 1990s, there were over one-quarter of a million deaths in the middle age group directly caused by tobacco smoking, which included 219,700 deaths in men and 31,900 in women. There were many more deaths caused by tobacco at older ages. In countries of central and eastern Europe, including the former Union of Soviet Socialist Republics, there were 441,200 deaths in middle-aged men and 42,100 deaths in women. Several epidemiological studies examining the factors responsible for the interindividual differences in the susceptibility to tobacco-related cancers and cardiovascular diseases are being performed in the United States, Europe and Japan. Although still not common practice, many of the newer studies are employing molecular genetic assays in conjunction with epidemiology to identify genotypes susceptible to disease development and select suitable biomarkers of tobacco smoke exposure. The frequency of investigations in the area of cigarette smoke composition and chemistry decreased during the last decade. Nonetheless, there are ample data to suggest that cigarette smoke is a highly complex mixture that contains approximately 4800 different compounds (8). Approximately 100 of these compounds are known carcinogens, cocarcinogens and/or mutagens. The complex mixture also contains gases such as ozone, formaldehyde, ammonia, carbon monoxide, toluene and benzene, and about 1010 particles of different sizes in each mL of mainstream smoke. In addition, a number of other toxic, mutagenic, tumour promoter and/or cocarcinogenic substances have been identified in both mainstream and sidestream cigarette smoke over the years. Many chemical and biological assays of smoke condensates have also documented the presence of potent inhibitors of carcinogenesis in smoke. Such a complex chemical composition of smoke has made it difficult to determine the active constituent(s) responsible for the tobacco-related health risks of smoking and has led to studies of individual constituents of smoke such as polycyclic aromatic hydrocarbons (PAH), nitrosamines and nicotine. Thus, over the years, various individual groups of smoke constituents have been the focus of research at different times. For example, studies of PAH were in vogue during the 1970s and 1980s, followed by nitrosamines in the 1990s. Tobacco alkaloids have long been studied because of their pharmacological activity and have attracted increased attention because of their suspected role in addiction, smoking behaviour and cessation. However, it is also being realized now that the health effects of this complex mixture are likely to result from a combined effect of these chemicals through multiple mechanisms rather than as result of the effects of a single smoke constituent. The mixture contains compounds belonging to almost every class of chemicals that are toxic and protective, agonist and antagonist, carcinogenic and anticarcinogenic, and exists in the gaseous as well as the particulate phase. Extensive studies on the chemical constituents of tobacco smoke and their relationship to disease were published by Hoffmann and Hoffmann of the American Health Foundation (8). Newer studies have largely focused on the comparative chemistry of mainstream and sidestream smoke. Interest in the free radical chemistry of smoke has resurfaced due to the realization that smoke-induced oxidative injury may play an important role in the etiology of a variety of tobacco-related diseases. Pioneering studies on the free radical chemistry of tobacco smoke, performed in the laboratory of William Pryor at the Louisiana State University (9), identified short- and long-lived radicals in mainstream and sidestream cigarette smoke, and implicated them in various smoking-associated disease etiologies. Go to: TOBACCO-RELATED CARDIOVASCULAR DISEASE Cardiovascular diseases, and atherosclerosis in particular, are the leading causes of death in industrial societies. The predominant underlying cause of coronary artery disease (CAD) is atherogenesis, which also causes atherosclerotic aortic and peripheral vascular diseases. Cigarette smoking, independently and synergistically with other risk factors such as hypertension and hypercholesterolemia, contributes to the development and promotion of the atherosclerotic process. Various studies have shown that the risk of developing CAD increases with the number of cigarettes smoked per day, total number of smoking years and the age of initiation, thus indicating a dose-related response. In contrast, cessation of smoking is reported to reduce mortality and morbidity from atherosclerotic vascular disease. The mechanisms through which smoking influences the development and progression of atherosclerosis are poorly understood at present, but recent studies point to an adverse effect of smoking on endothelial and smooth muscle cell functions as well as thrombotic disturbances produced by tobacco smoke (10,11). With the use of modern ultrasonographic techniques, three independent studies performed in the United States, Europe and Australia have demonstrated that both active and passive smokers exhibit impaired endothelium-dependent vasoregulation (12–14). Some degree of recovery of endothelial function in ex-passive smokers who have stayed away from smoke-contaminated environments further supported a secondary role of smoke in endothelial dysfunction (15). Evidence has been presented that tobacco-related impairment of endothelial function may be related to its adverse effects on endothelial nitric oxide (NO) synthase (16,17). An association between a genetic polymorphism of the endothelial NO synthase gene and the predisposition of smokers to CAD was reported (18,19). Additionally, studies report that smoke interferes with L-arginine and NO metabolism, resulting in reduced NO formation (20). Upregulation of the expression of endothelial cell adhesion molecules (CAMs) such as vascular CAM-1 and intercellular CAM-1 by smoke condensates, and stimulation of leukocyte and endothelium attachment by exposure to cigarette smoke was demonstrated (21). Cigarette smoke extract has been shown to induce expression of CAMs (22). However, the expression of a specific adhesion molecule is determined in vivo and the relationship between various events is poorly understood. Exposure to tobacco smoke is known to increase oxidative stress in the body by various mechanisms, including depletion of plasma antioxidants such as vitamin C. At least two studies have been performed to determine the role of oxidative stress in increasing leukocyte-endothelial interactions that precede the development of atherosclerosis in smokers. One study showed that a high intake of vitamin C by smokers significantly reduced the adhesiveness of their monocytes to endothelial cells (23). However, in a second study, sera from young smokers was collected before and after a single oral supplementation with vitamin C and L-arginine (a substrate for NO production). The sera were tested for promotion of the adherence of human monocytes to human umbilical vein endothelial cell monolayers. It was shown that while oral L-arginine caused reduction in such leukocyte adherence, no reduction was seen with vitamin C supplementation (24). This suggested that the NO levels may be important in smoking-induced leukocyte-endothelial interactions, at least during the early stages. Neither NO nor any other markers of oxidative stress were measured in either of these studies. The levels of 8-hydroxydeoxyguanosine, an oxidized DNA product, and F2-isoprostane, an oxidative arachidonic acid product, were found to be elevated in passive smokers (25,26). Oxidation of low-density lipoprotein (LDL), which is a gold standard risk factor of the atherosclerotic process, was also found to be elevated in smokers, as determined by the presence of increased levels of autoantibodies against oxidized LDL. It was further demonstrated that dietary supplementation with a lipid-soluble antioxidant, α-tocopherol, significantly reduced plasma levels of oxidized LDL autoantibodies (27). Similarly, intake of a mixture of antioxidants was found to increase the resistance of smoker LDL to oxidative modification (28) and reduce the plasma levels of 8-hydroxydeoxyguanosine in passive smokers (25). These studies have thus identified newer, more specific markers of oxidative stress that can be used as biomarkers of oxidant injury and used for the development of dietary and/or pharmacological interventions against disease development. Relatively few studies related to cardiovascular effects of cigarette smoke have been performed in rodent models. Such animal studies are, however, needed to delineate the role of different mechanisms in promoting atherosclerotic disease and for developing appropriate interventions. Go to: TOBACCO-RELATED CANCERS Tobacco carcinogenesis has remained a focus of research during the past 10 years, and various epidemiological and experimental studies have not only confirmed the major role of tobacco smoke exposure in lung and bladder cancers, but have also reported on its association with cancers of various other sites, such as the oral cavity, esophagus, colon, pancreas, breast, larynx and kidney. It is also associated with leukemia, especially acute myeloid leukemia.

## Impacts

### LGBTQ Exploitation

#### Tobacco Advertising exploits queer youth. Kulke 15,

Catherine Kulke. "'Freedom' and 'Choice': How Cigarette Companies Target the LGBTQ Community." Slate. July 16, 2015. www.slate.com/blogs/outward/2015/07/16/gays\_and\_smoking\_how\_tobacco\_companies\_target\_queers.html

Now that no-smoking signs decorate most public spaces, and anti-tobacco PSAs are a health class staple, it’s no surprise that tobacco use is on the decline. Yet for one group of Americans, smoking is still remarkably common. According to a recent report from the Centers for Disease Control and Prevention, **LGBTQ individuals are more than 33 percent more likely** than non-LGBTQ people **to smoke** cigarettes—**leading to elevated risks of** stroke, **heart disease, and** lung **cancer.** Researchers have blamed queers’ higher smoking rates on a variety of factors, including the daily stress of coping with prejudice and stigma. Yet while stress has indeed been correlated to tobacco use, it’s not the entire story. Over the last 25 years, several **major cigarette companies** have also **launch**ed **strategic ad campaigns aimed at the LGBTQ community.** By **positioning themselves as allies** to the gay rights movement**, these corporations** have **worked relentlessly to make smoking** an accepted **part of queer culture.** In 2000, R.J. Reynolds—the parent company of Camel, Pall Mall, and several other popular cigarette brands—sparked controversy when **confidential documents labeled “Project SCUM”** (SubCulture Urban Marketing) **were leaked** to the press. **The documents outlined plans for an ad campaign targeting** two distinct “consumer subcultures” in San Francisco: **young gay men in the Castro** and the homeless in the Tenderloin.The documents outraged many community leaders, who saw the project’s title as evidence of the company’s homophobia. “**They just see us as another set of disposable consumers to addict and dehumanize,”** gay rights and anti-tobacco activist Bob Gordon told the San Francisco Weekly following the leak. Publicly, however, Reynolds made every effort to express support for queer customers. Camel hosted a booth at the 2000 San Francisco Pride parade, and sponsored an after party at a popular gay nightclub. More recently, a 2011 Camel Snus ad encouraged queers to “take pride in your flavor.” And Reynolds is not the only cigarette company that has reached out to LGBTQ customers by promising solidarity—or, at least, the appearance of it. In 2001, Lucky Strike placed several ads in the program for the Gay and Lesbian Alliance Against Defamation Media Awards. The messages looked more like PSAs than advertisements, featuring taglines like “When someone yells, ‘Dude, that’s so gay,’ we’ll be there.” 150715\_OUT\_AmSpirit Advertisement by American Sprirt via LGBT Tobacco.

Other **ad campaigns** have **target**ed **queer customers** more covertly **by co-opting** the **language of freedom and choice used by** LGBTQ rights **activists.** In 2001, **a Lucky Strike spread featured a lesbian couple** along **with the phrase “I Choose.”** And in 2005, American Spirit—a Reynolds subsidiary—launched an ad listing various “freedoms,” including “freedom to choose” and “freedom to marry” along with “freedom to inhale.” Over the last few years, anti-tobacco legislation has greatly restricted how and where tobacco companies can advertise. Yet while tobacco ads may be on the decline, their legacy continues to impact the queer community. According to the CDC, 1 in 4 LGBTQ adults currently smokes, compared with 1 in 6 straight adults. And in certain areas, such as New York City, LGBTQ youth are as much as twice as likely to smoke as their straight peers. **Why,** then, **have marketers singled out an already marginalized community to sell a product that is known to be harmful?** One explanation has to do with mental health. **LGBTQ individuals are more likely to suffer from depression and anxiety** than non-LGBTQ people, both of **which are major predictors of tobacco use. This** phenomenon **has** likely contributed to queers’ elevated smoking rates—and **made LGBTQ youth a prime target for advertisers.** But there are other reasons queer teens are attractive customers for tobacco companies. **For decades, cigarettes have been a symbol of counterculture** and disrespect for conservative norms. As New York Times columnist Tina Rosenberg noted in 2012, for teenagers, “a cigarette is not a delivery system for nicotine. It’s a delivery system for rebellion.” And while teenage rebellion is by no means exclusive to queers, LGBTQ teens have plenty of reasons to want to rebel from a society that has ostracized them. **The tobacco industry has directly played to many young queers’ experience of oppression.** Using buzzwords like freedom and choice, cigarette companies promise LGBTQ teens exactly what a widely homophobic, trans-phobic culture doesn’t. The fact that this “freedom” comes packaged in a gesture of defiance only adds to its appeal. Unlike other cigarette ads, these campaigns don’t sell teen outcasts an opportunity to be cool, or to fit in. They sell them an opportunity to be outcasts, but also to be empowered—a chance to embrace their identity as outsiders and blow smoke in the face of the society that cast them out. **Despite** their **pro-gay advertisements,** however, **the tobacco industry has hardly been an ally** to the queer community **in practice.** While Marlboro parent company Philip Morris received press attention in 1991 for its donations to HIV/ AIDS research, the LGBTQ anti-tobacco site socrush.com reported that **cigarette companies provided two to three times more support to politicians opposed to gay rights than those for them.** In the end, it seems Gordon was right: **For Big Tobacco, queers are simply another convenient group of consumers.**

### General Oppression

#### The tobacco industry targets poor minority communities by coopting civil rights rhetoric. Tuckson 88,

Reed V. Tuckson, MD. Commissioner of Public Health, District of Columbia. "Race, Sex, Economics, and Tobacco Advertising." Journal of the National Medical Association, Vol. 81, No. 11. June 17, 1988. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2626111/pdf/jnma00905-0013.pdf

Where do the **cigarette companies go to** find these new recruits for the death march to the land of profit and greed? They go not only to the children, but also to the other **vulnerable and oppressed segments of our country.** They go to the people of color, to women, and to the poor.4 **It is a** conscious,deliberate, and, as Dr Edwin Fisher has said, "a **predatory strategy to further victimize the victims,** with the only purpose, the sole goal, **to make money."**5 No other activity is achieved and no other purpose is realized. All that is achieved is that a few people get rich, and a large number of people get sick. What possible arguments, no matter how convoluted, can justify this abomination? A $35 billion industry versus a minority population that suffers from 60 000 excess premature deaths every year compared with the white population.6 The single greatest risk factor for premature death, of course, is cigarette smoking. **The tobacco industry is subjugating people of color through disease. You cannot educate** people if you get sick. **You cannot keep your job if you are ill.** You do not function, **you do not challenge, you do not confront the status quo if you are ill.** There are already too few resources in minority America to solve the chronic health problems that exist, not to mention the federal government retrenchment on resources, the lack of manpower, and the AIDS epidemic that will consume new money available for health care. It is hard to get well once you become sick, so what agenda could be more important than the health agenda? What could be more important than fighting the cigarette issue? **Fighting the cigarette issue means fighting the** well-developed tobacco **industry strategy aimed at minorities.** The first purpose of their strategy is, of course, to sell their product. **They** seek to sustain and expand sales to minorities, women, and the poor; to make it difficult for those who smoke to quit; to induce those who have quit smoking to relapse; and to increase consumption in those who are already addicted. The second purpose is to undermine the efforts to mobilize against smoking. The third purpose is to **frame the right to smoke as a civil rights issue.** Ultimately, the strategy is to try **to package the image of being champions of the downtrodden,** the image of credibility. Let us examine the importance of this imagery. We are well aware of the growing gulf between our country's poor and minorities and the rest of America in the control over and the access to the resources and conveniences of this society. In the climate of the narcissistic 1980s, fueled by "Entertainment Tonight," People magazine, and "Lifestyles of the Rich and Famous," these inequities take on a particular individual urgency and frustration. The entire country has developed a collectively shared illusion. To the extent that your reality differs from that collective understanding of the way to be, you become variably insecure. One reaction to the state of inequality is to devote yourself completely and thoroughly to maximizing the opportunities for success to put yourself in a condition mentally and physically so that you will be able to maximize your ability to work and to be healthy. Unfortunately, a far too common reaction is to feed yourself with greater and greater doses of illusion and diminish the opportunities for real success. We buy more cigarettes to be more like the image in our mind. We take more time watching more TV, smoking more cigarettes, and thinking that we have an approximate way of accomplishing what we think we want to be. But we do less work, get more sick, and have the capacity to do less work. The tobacco industry's insidious strategy is not confined to advertising in the limited sense. What we are concerned about are five elements: advertising, the sponsorship of events, promotion, philanthropy, and political campaign financing.

**The values** that are **promoted in tobacco advertising** are clear. They **are images** and symbols **of** success elegance**, power,** sexual conquests, **the macho role,** and an enhanced ability to be sociable, self-assured, confident, daring, adventurous, **and mature.** The cruel irony, of course, is that the people who are all of those things do not smoke cigarettes. You declare your own inadequacy by smoking and the tobacco companies laugh all the way to the bank. We are besieged by these images in our community, and **minorities, women, and poor people are besieged by them in their publications.** We know that **Philip Morris is the largest advertiser in the Latino and Hispanic communities,** and R.J. Reynolds is the 10th leading advertiser in the Hispanic media. We know that 12% of Essence magazine's budget and $3.3 million of Ebony magazine's budget comes from the makers of death and disease. We know that over the last 5 years hundreds of pages of ads have gone into magazines like MS and Cosmopolitan. **In the early days of tobacco marketing,** cigarette **companies portrayed blacks in an unflattering way to sell cigarettes to white consumers. In recent times, blacks have become the direct targets of the** cigarette **companies.** Today, for example, **a brown cigarette called "More" is targeted to black women, so that "more" black women smoke "More" cigarettes, and "more" black women get cancer, and** of course, the tobacco **industry makes "more" money.** Not much has changed since the early 1900s except that **exploitation now comes in more sophisticated packages.**

#### The tobacco industry uses the media to legitimize their message. Tuckson 88,

**Newspapers have become dependent on tobacco advertising** just as magazines have. Last fall,the keynote speaker of the first Black Journalism Hall of Fame induction ceremony was the vice president of Philip Morris. **Philip Morris brought** the **black publishers to New York** City, **where they heard that today tolerance for smoking may be under attack.** Tomorrow it may be tolerance for someone else's right to pray or the right to choose a place to live. So, the **publishers were told, the real issue is not smoking versus not smoking, it is discrimination versus tolerance.** That is absolute nonsense. **The media not only disseminate, legitimize, and reinforce this message to smoke, but these media outlets are constrained from printing antismoking health information.** It is already difficult to reach people of color to remind them of the importance of the health problems that afflict us and to tell them that these diseases are due to how we behave, the choices we make, and the chances we take. If we cannot talk about these issues in the only media that we own or influence, then what have we left to do? Stand on street corners with bullhorns and say, "By the way, this is what you need to do in order to save your life"? There are precious few outlets. Over a 5-year period, MS and Cosmopolitan magazines each had only one article on smoking. The Cosmopolitan article presented data correlating heavy smoking with a decreased chance of developing endometrial carcinoma.3 Cosmopolitan magazine has rejected advertisements for antismoking clinics. How do you get the message out to women? Helen Gurley Brown says, "Who needs someone you are paying millions of dollars to, to come and bite you on the ankle?" (Washington Post. December 11, 1985:A1 ,A18). When Helen Gurley Brown self-censors we cannot get the word out. One third of all billboards advertise tobacco and alcohol. Tobacco companies spend $1.4 million in the Hispanic community and $5.8 million in the black community on billboard advertising alone.7 In St. Louis, three times as many billboards were in the black community as in the white community. Of those in the black community, 62% advertised cigarettes and alcohol, compared with 36% in the white community.8 In a poor black area of Philadelphia, there were 73 billboards in one 19-block stretch; one was empty, six had public service announcements, and the rest had alcohol and tobacco advertising (Philadelphia Inquirer. June 29, 1989:D1). We have the same problem in the District of Columbia. In a survey conducted by junior high school students, three out of every four publicly displayed advertisements in the city were for tobacco and alcohol. Wards 7 and 8, which have about 95% black and 18% low income residents, had more than half of all the tobacco and alcohol advertisements in the entire District. Ward 3, which is predominantly white, had the fewest ads (Washington Post. February 7, 1988). We cannot ignore these billboards; they are ubiquitous in people's front yards and across the street from schools. In Washington, DC, Tops cigarette rolling papers were being advertised 100 feet away from two high schools. We complained because Tops cigarette rolling papers are also used to roll marijuana cigarettes. Tops protested that the papers were not for drugs but for cigarettes. I could not explain to them that there was no difference. I had no right to get a bulldozer and knock the billboard down, so I went to the Washington Post and they reported it. They interviewed the billboard company, who said that their contract with the manufacturing company for the rolling papers specifically said to target low-income neighborhoods. This was deliberate, malicious, and predatory behavior. Tops said they were doing the poor, minority community a favor because it was economically cheaper to roll their own cigarettes. Young children see **these ads** everywhere; they **are visible pollution** in our eyes. **You cannot read the Surgeon General's warning,** especially not from across town, **but you can see the billboards from everywhere. All the** controls and **constraints** that **we are concerned about are avoided.**